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CONFIRMATION NO. 6804

<b>SERIAL NUMBER</b> 09/486,977	<b>FILING OR 371(c) DATE</b> 03/06/2000 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b>
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/NL98/00504 09/04/1998 *ig, 1/2*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NETHERLANDS 1006944 09/04/1997

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

05/02/2000

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> NETHERLANDS	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 1	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>[Initials]</i> Initials			

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## TITLE

SURGICAL ENDOSCOPIC CUTTING DEVICE AND METHOD FOR ITS USE

<b>FILING FEE RECEIVED</b> 2332	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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